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The Commonwealth of Massachusetts Department of Public Safety

Amusement Device Itinerary

(Print name of Company)		(Date)		
(Company Address)		(Phone Number)		
(Print Contact Name)		(Contact E-Mail Address)		
All itineraries <u>mu</u>	st have a complete location ac	ddress to fall under the scop	be of the permit.	
Location:		Location:		
Date arrive on lot:		Date arrive on lot:		
From:	To:	From:	To:	
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